to take nourishing foods well throughout the illness. The air was kept moist with steam, as long as there was any breathing through the wound.

CASE 2. A piece of cork in the nostril; removal.—A girl, four years old, well nourished, and of healthy appearance, was admitted in March last, in consequence of a purulent discharge from the right nostril. Her mother stated that thirteen months since the child pushed a piece of cork into the nose, that she noticed the discharge, and, on questioning the child, elicited the fact above stated. Air could not be forced through the right nostril so freely as through the left; and, on looking into it, a reddish-brown foreign body was visible when the purulent mucus was removed.

The child being under the influence of chloroform, a probe, slightly bent at its end, was introduced by the dresser, Mr. Saunders, above the obstructing body, which was then easily drawn forwards and out of the nostril. It proved to be a piece of cork, three-eighths of an inch long, a quarter of an inch broad, and three-sixteenths of an inch thick. The mucous membrane was slightly thickened. The purulent discharge diminished, and in a short time ceased.

WESTMINSTER HOSPITAL.

GLANDULAR PROLIFEROUS CYSTIC DISEASE OF THE BREAST; AMPUTATION; ACUPRESSURE NEEDLES; CARBOLIC-ACID DRESSINGS; RECOVERY.

(Under the care of Mr. BARNARD HOLT.)

THE following case is related in illustration of the use of acupressure for the control of vessels, and of the application of carbolic-acid dressings. For the notes we are indebted to Mr. Frederick S. Palmer, house-surgeon.

R. B—, aged forty years, was admitted on March 4th. She stated that three years since, without any apparent cause further than what might depend upon the general derangement of her health, she noticed a small and somewhat elastic swelling occupying the centre of the left breast. It was slightly painful, and became more so if her dress was at all tight. A liniment was prescribed, which she employed for some time; but the swelling gradually increased in size, and the pain became severe, both upon exertion and during her monthly periods. Various kinds of treatment were adopted, extending over two years, but without diminishing the tumour or mitigating the pain; and as her health was now suffering, her nights restless, her appetite defective, and her nutrition impaired, she consulted Mr. Holt, who advised her removal to the hospital.

At the time of her admission, an elastic tumour, about the size of a small melon, was detected in the left breast, with a circumscribed hardness to its left side. The integument was adherent over the whole mass. She suffered severe continued pain, extending down the inside of the arm; and upon several occasions blood escaped from the nipple, sometimes in considerable quantities.

With a history so complete, the diagnosis, aided by the examination, was not difficult; and the disease was pronounced to be glandular proliferous cystic, or what was formerly called "sero-cystic sarcoma." The inability of laying open a cyst where solid matter could so easily be detected, decided Mr. Holt to amputate the entire breast; as, however, she was much emaciated, with a very intermittent pulse and slight bronchitic cough, Mr. Holt prescribed a tonic treatment, with daily gentle exercise in the open air, until her health became better. This treatment, aided by the administration of the bromide of potassium in half-drachm doses at bedtime (which produced tranquil sleep), having been successful, and the heart's intermission gradually ceasing, on March 23rd (nearly three weeks after her admission), while under the influence of chloroform, the entire breast was removed, leaving the fibres of the greater pectoral muscle fairly exposed to view. Mr. Lister's directions were rigidly adhered to, and Sir James Simpson's acupressure needles were employed; the edges of the wound were accurately approximated, and retained by the continuous suture; no strapping was used, but the carbolic-acid paste placed over the wound. On the following day she suffered from sickness, the result of the chloroform; but she was relieved from her long-continued pain. The acupressure needles were removed; the edges of the wound

were in excellent apposition; and the breast presented a perfectly healthy appearance. On the fourth day the wire sutures were divided at several points, and removed without difficulty; the edges of the wound were slightly red, but adhesion had taken place; and, with the exception of one day, when a very small quantity (not a saltspoonful) of pus escaped from a point at which one of the acupressure needles had been, she made a perfectly good recovery. She left the hospital on April 6th, with the wound healed, her pain entirely gone, and her health materially improved.

Mr. Holt remarked that this was a case in which the diagnosis was exceedingly easy, and where the propriety of the treatment could not be questioned. He dwelt upon the necessity in all cases where operative measures were taken to remove the entire breast, so that the fibres of the pectoral muscle were dissected cleanly, and could be easily detected; for although the present disease did not usually return, yet there were a sufficient number of cases recorded to show that it would do so if the whole gland were not entirely removed from the subjacent muscle. He alluded to the plan proposed by Mr. Lister, and referred to the present case as a further example of its results in procuring immediate union,—that result being in a great measure aided by the use of the acupressure needles, the employment of which saved the patient much needless pain in the after-dressing of the wound. The continued suture he always employs, and believes it to be much more efficacious than the interrupted one, as well as being as easily removed. He considered the present a severe test of Mr. Lister's plan, as the condition of the patient was anything but favourable for rapid union.

CHARING-CROSS HOSPITAL.

VARICOCELE; RADICAL CURE.

(Under the care of Mr. BARWELL.)

THERE now and then exist special reasons why a varicocele should be cured: as the removal of hindrance to recruiting, the occasional accompanying pain, atrophy of the testicle, real or dreaded, the mental obsession which disease of the genitals is apt to induce, &c. Some cases presenting one or other of these reasons for surgical interference have lately presented themselves at this hospital among Mr. Barwell's patients; and in them perfect cure has followed the most painless and simple proceeding. In his practice he deprecates the more violent methods,—such as tying together veins and scrotum in two places, division of the former, &c.; indeed, in the first volume of the Clinical Society's Transactions a very disastrous case resulting from that operation is recorded.

The two subjoined cases give a sufficient account of the simpler means, not indeed new, but to which hardly enough attention has been paid.

Feb. 5th, 1869.—J. C—, aged twenty-two, of the Coldstream Guards; unfit for duty on account of varicocele; discharged, and, as he says, to be readmitted if cured. The varicocele is large; indeed, when he has been standing or walking about for an hour, it is as large as an orange.

13th.—Mr. Barwell separated the vas deferens and spermatic arteries from the veins, keeping the former back and the latter forward; passed a needle, armed with annealed iron-wire, behind the veins—i. e., between them and the vas deferens,—beginning on the outer side of the scrotum, and bringing it out on the inner side of the cord. Then the needle re-entered the orifice of exit, passed in front of the veins, and came out at the point where it first pierced. Thus a loop of wire, passed completely round the veins, was lying inside the scrotum, but involving no part either of the skin or fascia. It is this arrangement which renders the proceeding so painless and so safe. The wire, when not too tightly twisted together, compressed the vessels, and a clot immediately formed at the distal side of the tie; the rest of the wire was twisted in the opposite direction, round a roll of lint. Every day the piece of lint was turned once round, so as to give an additional twist to the wire until the 20th—a week after the operation,—when the whole wire came away. It had therefore completely cut through the veins, and its loop was twisted up to a small eye that would have just permitted a mustard-seed to pass. There is no

swelling of the testicle itself, but a good deal of loose swollen tissue around its back part. This is probably the severed ends of the veins. The testicle to be strapped.

26th.—Swelling very much diminished; restrapped.

March 2nd.—Went out, cured. He promised to present himself again if he were not readmitted to the regiment, but he has not returned.

Other cases are but repetitions of the above, save perhaps that of G. J.—, aged nineteen, who would not come into the hospital, although he was suffering from pain and was in great mental distress. Mr. Barwell felt that he might trust this method even in out-patient practice, and he therefore tied the veins on March 13th, 1869. Contrary to his orders, the lad walked home, a distance of over a mile; but no bad symptom resulted, and all went well till the 19th, when some pain came on, and swelling, not of the testicle, but scrotum; and on examination a little pus was found at the point of exit. By lifting the wire a few drops were discharged, and the pain shortly ceased. On the 22nd the wire came away; and in a week more (April 2nd), a hard lump, about as big as a horse-bean, and rapidly decreasing, was all that was left in the place of the old varicocele. By the 14th of April the lump above mentioned had quite disappeared, and there was no sign of the old malady.

Provincial Hospital Reports.

SHEFFIELD PUBLIC HOSPITAL.

DILATATION OF RIGHT SIDE OF THE HEART IN
A PEDESTRIAN.

(Under the care of Dr. J. C. HALL.)

THE following case helps to illustrate the fact that severe training, and especially running, conduces to dilatation of the right side of the heart, and aneurism. An article on the subject appeared in THE LANCET of April 17th, 1869. Mr. Algernon Taylor has obliged us with the notes.

Richard M—, aged fifty, was admitted into the above institution on February 3rd, 1869, with urgent dyspnoea. He stated that he had been for many years a trainer and professional race-runner, and that on one occasion he had walked a thousand miles in a thousand consecutive hours. There was no history of syphilis. He was a short, muscular, small-made man, complaining of a great deal of pain in the præcordial region, and great difficulty of breathing, which was increased on the slightest exertion. There was slight prominence of the cardiac region; rhythm of the heart irregular; first sound unnaturally clear at the apex, second sound normal, immediately followed by a slight murmur heard over the course of the aorta; some oedema of the legs. He was ordered tonics, &c., and ordinary diet.

On February 28th, he coughed up about three pints of blood, and died in about three minutes.

Post-mortem.—Heart: Right side very much dilated; fibres apparently softened; left ventricle slightly hypertrophied. At the back and upper part of the arch of the aorta, and pressing on the trachea, with which it communicated by a small opening, was an aneurismal tumour, about the size of a hen's egg. Everything else was healthy.

CUCKFIELD WORKHOUSE INFIRMARY.

CALCULUS IN THE BLADDER; LITHOTOMY; RECOVERY.

(Under the care of Dr. C. E. SAUNDERS.)

W. U—, aged sixty-two, a stone-breaker, was admitted Nov. 28th, 1868. The patient states that he has always enjoyed good health until two years ago, when he began to suffer from symptoms of stone, which he has endured uncomplainingly until now, when he declares his sufferings to be "unbearable."

On introducing a sound, a large smooth calculus was readily struck. The prostate was considerably enlarged. On December 16th, the patient having been placed under the influence of chloroform, the lateral operation of lithotomy was performed by Dr. Saunders, a large flat lithic-

acid calculus being removed, the measurements of which were two inches and seven-eighths long, by one inch and a half broad, and five-eighths of an inch thick; and the weight one ounce, one scruple, and five grains. There was no difficulty in finding and seizing the stone; but, owing to its being flat, the forceps could hold it by their *edges only*, their concave surfaces not being in contact with the stone at all, and thus acting almost as cutting instruments. A small portion of one of the concentric layers of which the stone was composed was chipped off, but fortunately at the extremity nearest the wound, and when the stone, or at least that part of it, was external to the bladder, so that the fragment was easily removed by the fingers. But in order to make quite sure that no detritus remained behind, the bladder was well washed out with tepid water. A tube was introduced (which was removed at the end of thirty-six hours), and the man removed to bed.

17th.—Had a good night; water passed freely and was quite bloodless; pulse 80; tongue clean; no pain. The patient made a good recovery, literally without an ache or pain; in fact, the only claim the case has to notice is the singular immunity there was from any constitutional symptom subsequent to the operation.

20th.—Enjoyed a mutton-chop.

Jan. 3rd, 1869. — Wound nearly healed; water passes freely by urethra. Is up and dressed, "comfortable, happy, and enjoys himself."

19th.—Discharged cured.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 11TH, 1869.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE TREATMENT OF PHTHISIS BY PROLONGED RESIDENCE IN ELEVATED REGIONS.

BY HERMANN WEBER, M.D., F.R.C.P.,
PHYSICIAN TO THE GERMAN HOSPITAL.

DR. WEBER premises that he uses the term "phthisis" to signify not only "tubercular phthisis," but all the different subacute and chronic inflammatory processes of the lungs usually leading to consumption, especially catarrhal pneumonia and its products; regarding, with Thomas Addison, "inflammation as the great instrument of destruction in every form of phthisis," and sharing, with some modification, the view of Buhl and other authors, that true tuberculosis is not a primary, but a secondary, disease,—the result, not necessarily, of preceding inflammation, and especially of the cheesy transformation of the products of inflammation.

He understands by "elevated regions," those localities where phthisis, owing principally to their elevation, does either not, or only rarely, occur amongst its inhabitants; and points out that the elevation necessary for producing a certain degree of immunity is not an absolute one, but varies in different latitudes, and seems to decrease with the removal from the equator towards the poles. He, however, does not believe that there is any fixed elevation of immunity for every degree of latitude; and is, further, not of opinion that the elevation in itself is the sole cause of immunity, but that it is materially assisted or counteracted by other climatic elements, as the situation of a place on table-land, or on the top or on the slope of a hill, or at the bottom of a valley; the aspect to the north or south; the configuration of the surrounding ground; the nearness of standing waters or marshy districts, and the elevation of the place above them; the habitual degree of clearness or mistiness of the atmosphere, its purity, or the degree of admixture of foreign elements, mechanical and organic; the geological structure of the soil, and all the circumstances influencing its degree of dampness or dryness, regarding which subject he specially points to the important results of Bowditch and Buchanan's researches.

The author then expresses his astonishment that in spite of the works of Archibald Smith, Mühry, Hirsch, Jourdanet, and others, there is still amongst medical men a